

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

1015817723

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		/				
4	/					
5		/				
6	5					
7	5					
8	50					
9	0					
10	0					
11	0					
12	1					
13						
14	5					
15	0					
16	0					
17	0					
18	0					
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

39

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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